Department of Health and Community Services Annual Performance Report 2008-2009

Newfoundland Labrador
CANADA

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Minister's Message

I am pleased to present the Annual Report for the Department of Health and Community Services. The report highlights the accomplishments and departmental activities in the past fiscal year (April 1, 2008 to March 31, 2009). As the Minister of Health and Community Services, I acknowledge my accountability for the preparation of this report, the accomplishments and any variances contained herein.

In the past fiscal year, the department has made significant investments and enhancements to the healthcare system in Newfoundland and Labrador. A record $2.3 billion was invested in a variety of initiatives to further strengthen and secure its sustainability.

The department undertook initiatives that resulted in significant investments in the people and the future of health care. These included the construction of long term care facilities in the province, planning for a new healthcare facility in Labrador City, installation of digital mammography units, the establishment of a residential addictions facility for adults in Corner Brook and the recruitment and retention of healthcare professionals across the province.

While we have had many successes, we have also experienced challenges. The recommendations in the Commission of Inquiry on Hormone Receptor Testing Report and the Report on Adverse Health Events will help provide direction on the next steps to further enhancing and strengthening the provincial healthcare system.

Our focus is to continue to build a health care system that serves the people of this province today and for future generations. As we move forward, our government will work to further improve quality and accessibility. I would like to thank the individuals who work in the healthcare system. It is through their hard work that we can and do achieve success.

Respectfully Submitted,

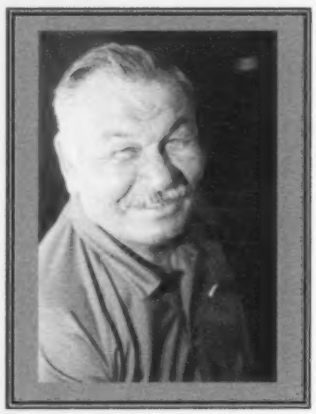
Paul Oram, M.H.A.
Terra Nova District
Minister of Health and Community Services and
Minister Responsible for Aging and Seniors

Vision

The vision of the Department of Health and Community Services is for individuals, families and communities to achieve optimal health and well being.

Values

The following values are considered to be important to the Department. These values are incorporated in daily activities and are present in the overall organizational climate. They include:



Collaboration
Each person engages actively with partners.

Fairness
Each person uses a balance of evidence for equity in decision making.

Privacy
Each person manages and protects information related to persons/families/organizations/communities and the department appropriately.

Respect
Each person provides opportunities for others to express their opinions in an open and safe environment.

Transparency in decision making
Each person is forthcoming with all information related to decision making except where prohibited by legislation.

Excellence
Each person performs to the best of their ability, and within available resources.

Departmental Overview

Lines of Business

Lines of business are discreet and coherent sets of programs and/or services that originate from the mandate and identify key areas of responsibility:

- Policy, Planning, Program Development and Support
- Monitoring and Reporting
- Provincial Public Programs and Services Administration

1. Policy, Planning, Program Development and Support

The department provides a leadership role for programs that operate under a legislative framework, provincial policy, and/or provincial program standards. These programs include:

Programs under a legislative framework

- Insured services (i.e. Medical Care Plan & Hospital Insurance Plan),
- Prescription drug programs,
- Child, Youth and Family services,
- Community Youth Corrections services (in conjunction with the Department of Justice),
- Mental health programs and services respecting involuntary patients,
- Child care services, adoptions/post adoptions services, and
- Public health services and programs.

Programs not under a legislative framework

- Parent and child health,
- Early childhood development,
- Immunization,
- Wellness initiatives,
- Long term and community support services,
- Emergency preparedness, and
- Mental health and addictions services.

The department establishes funding and/or operational delivery standards in areas such as:

- Ambulance services,
- Home support for seniors and persons with disabilities,
- Transition homes,
- Special child welfare allowance,
- Residential services for persons with select disabilities,
- Special assistance program (eligible supplies and equipment),

- Financial eligibility criteria,
- Newfoundland and Labrador Medical Transportation Assistance Program
- Dental Health Program, and
- Newfoundland and Labrador Prescription Drug Program.

The department ensures that regional health and community services are planned within the strategic directions of Government, the needs of the population and within the fiscal capacity of the health and community services system. The department assists in determining need and placement of new health technologies and diagnostics, supporting innovation in service delivery and human resource planning, as well as monitoring program utilization and facility infrastructure conditions.

The department provides liaison, interpretation of *Acts* and Regulations, facilitates amendments as necessary, and monitors annual reports as required by 16 *Acts* for regulatory bodies.

The department, in conjunction with the post secondary education system, provides leadership to health professional education and training programs to reflect the needs of the health and community services system and in funding some training programs.

The department represents provincial priorities in the development of intergovernmental (Atlantic and Federal/Provincial/Territorial (F/P/T)) strategic directions and initiatives. In addition, the department oversees the administration of programs emanating from various F/P/T agreements such as Early Learning and Child Care, Early Childhood Development and the National Child Benefit. These programs also include, but are not limited to, initiatives under the First Ministers' Health Accord such as wait time reduction, enhancement of home care programs, public health, initiatives under primary health care renewal and other services such as reciprocal billing, and Canadian Blood Services.

2. Monitoring and Reporting

The department monitors and provides feedback as appropriate with respect to:

- periodic evaluation of selected elements of legislation under the authority of the department, and in conjunction with other Government departments and agencies as is necessary and required;
- adherence to guidelines/best practices and/or funding/service delivery standards in areas such as Management Information Systems and Reporting Guidelines, Dental Health Program, Medical Care Plan (MCP), Newfoundland and Labrador Prescription Drug Program (NLPDP), ambulance, and intervention services;

- periodic evaluation of select programs and services;
- budget allocation and financial monitoring with respect to Regional Health Authorities and other agencies funded by the department; and,
- implementation of budget directions by the department or other entities to achieve targeted outcomes, such as improved service levels, reduced wait times, and reduced expenditures.

The department monitors and reports to stakeholders with respect to performance in the areas of population health, health behaviours, health status, disease control, human resources and access to quality health services.

3. Provincial Public Programs and Services Administration

The department provides supervision, control, and direct program and service delivery for matters related to:

- inter-provincial, inter-country and approval of all adoption placements and post adoptions services;
- provision of records of immunizations;
- payment and remuneration for medical services (MCP), dental services (Dental Health Program), and drug program (NLPDP) among others;
- special authorization of restricted drug benefits;
- approval and provision of grants to select community agencies;
- bursaries and incentives to students in select training programs according to established criteria;
- distribution and storage of vaccines;
- storage and distribution of National Emergency Stockpile System;
- medical transportation assistance to individuals as per provincial criteria;
- selected information technology initiatives involving health authorities and the health system, such as the development and maintenance of the Client and Referral Management System, in partnership with the Office of the Chief Information Officer; and
- administration of the monetary supplement for early childhood educators.

Departmental Overview

Where Health Dollars are Spent

$2.316 Billion (2008-2009 gross actuals)					
	Regional Health Authorities and Related Services	MCP Physician Services	Medical and Drug Subsidy Program	Capital	Other
Percentage of Budget	73.7%	14.1%	5.3%	4.4%	2.5%

The Department of Health and Community Services has a total of 264 employees located in four office locations across the province. They are Grand-Falls Windsor; Stephenville; and Confederation Building and Margaret's Place in St. John's. Branches of the Department of Health and Community Services and indicated in the table below:

Departmental Structure

Branch	Female	Male	Total
Minister's/Deputy Minister's Office	6	3	**9**
Communications	3	1	**4**
Government Relations	5	0	**5**
Medical Services	24	4	**28**
Regional Health Operations	29	6	**35**
Policy and Planning	20	5	**25**
Public Health, Wellness and Children and Youth Services	38	7	**45**
Corporate Services	84	29	**113**
Total	**209**	**55**	**264**

Health Infrastructure

Health care services such as hospital care, long term care, and community resources are provided to the people of Newfoundland and Labrador by four Health Authorities namely; Eastern Health; Central Health; Western Health; and Labrador Grenfell Health. Further detail on the urban/rural resource distribution have been provided as each Health Authority also reflects the respective Rural Secretariat regions of the province. The following table provides an overview of the infrastructure which the Department of Health and Community Services supported in 2008-2009 within each Health Authority and Rural Secretariat Region.

	Hospitals and Health Centres	LTC Homes	Community Clinics	Community Based Offices	Personal Care Homes	Acute Care Beds	LTC Beds
Eastern Health							
Avalon Peninsula	10	9	0	20	49	863	1528*
Burin Peninsula	3	1	0	4	2	41	91
Clarenville-Bonavista	2	1	0	6	7	57	93
Central Health							
Gander - New-Wes-Valley	4	2	0	16	14	117	250
Grand Falls - Baie Verte - Hr. Breton	6	1	0	12	10	139	274
Western Health							
Stephenville - Port aux Basque	3	1	0	8	4	61	166
Corner Brook - Rocky Harbour	2	2	0	10	10	212	239
Labrador - Grenfell Health							
St. Anthony - Port au Choix	2	1	0	1	4	57	69
Labrador	5	1	14	17	2	47	69
Total	**37**	**19**	**14**	**94**	**102**	**1594**	**2779***

*Includes 52 beds funded by Department of Veterans Affairs
Source: Department of Health and Community Services - Regional Operations Division

Shared Partnerships

Over the last year collaboration with the entities that report to the Minister (Appendix A), and other partners, has been instrumental in addressing the strategic directions of improved population health; strengthened public health capacity; improved accessibility to priority services; and improved accountability and stability in the delivery of health and community services within available resources.

Improved Population Health

Statistics show that our population has some of the highest rates of chronic disease in the country which is due mainly to our lifestyle. Over the past year our partners have contributed to the strategic direction of improved population health to address this issue. Collaboration with the Department of Education to develop school food guidelines and policies, resulted in improved healthy food choices in schools. Partnership with the Department of Tourism, Culture and Recreation saw the launch of the website

Small Steps Big Results. The website, developed by Recreation Newfoundland and Labrador, supports efforts by promoting regular physical activity as an important part of a healthy lifestyle. Visit the website at http://www.recreationnl.com/smallstepsbigresults/

In collaboration with the Department of Education, a review of the Kindergarten to Grade 3 curriculum in relation to tobacco was completed and the Grade 1 curriculum is to be updated to enhance tobacco prevention messages. In cooperation with the Alliance for the Control of Tobacco (ACT) the department continued to support school districts with the implementation of 100% smoke free school ground policies. On a broader environmental level, there was a public consultation on creating a smoke free Newfoundland and Labrador through the banning of large wall displays of tobacco products or power walls. This was another proactive step with partner groups to advance health and well-being for which the results will be announced in 2009.

A new Healthy Aging Research Program, which is administered by the Newfoundland and Labrador Centre for Applied Health Research http://www.nlcahr.mun.ca/index.php , received $250,000 in first time research funding. The Steering Committee representatives included Eastern and Western Health Authorities, the Faculties of Nursing and Medicine, and the Department of Philosophy at Memorial University, as well as the Department of Health and Community Services. The funded studies included topics such as: community identity and genetic predisposition, dietary factors in

sporadic colorectal cancer, palliative and end of life care in Newfoundland and Labrador's deaf community, healthy aging with a chronic neurological disorder, development of an age friendly communities research team, and measuring the health status of an aging population with disabilities.

The Office for Aging and Seniors and Women's Policy Office, in collaboration with Health Authorities and community groups, commissioned and finalized a report dealing with the education and training of health professionals in the areas of recognition, prevention, and intervention regarding violence against older persons. Also a public awareness campaign, Violence Against Older Persons occurred in June 2008. The Violence Prevention Initiative and the Poverty Reduction Strategy also helped to address components of this issue.

The Aboriginal Health Transition Fund is a federal initiative facilitated by partnerships and led by the Aboriginal groups and provincial governments. Aboriginal groups involved include: the Labrador Metis Nation, the Federation of Newfoundland Indians, the Mushuau Innu Nation, the Sheshatshiu Innu Nation, Nunatsiavut Government, Miawpukek First Nation, and Aboriginal Women's organizations. A position was created in the Department of Health and Community Services to coordinate this initiative. Aboriginal groups and governments initiated proposals that facilitated the accommodation of Aboriginal Peoples' culture and values into the design, development, implementation and evaluation of programs and services.

There are many additional partners that have contributed to improving population health including but not limited to the:

- Canadian Cancer Society
- Canadian Diabetes Association
- Canadian Mental Health Association
- Heart and Stroke Foundation of Newfoundland and Labrador

Strengthened public health capacity

Building on accomplishments in 2007-2008 in relation to strengthened public health capacity, work continued with Canada Health Infoway and the Federal Government to increase the ability to monitor communicable and infectious disease through the national surveillance system Panorama. In addition to this, the Office of the Chief Information Officer and the Newfoundland and Labrador Centre for Health Information continued to contribute to the implementation and maintenance of the Electronic Health Record, Telehealth and the Pharmacare Network.

Shared Partnerships

In conjunction with the school system, Human Papilloma Virus Vaccination Program expanded from Grade 6 to Grade 8 females for a year period as another increased cancer prevention measure.

The development of emergency planning involved a variety of organizations. Fire and Emergency Services Agency is the primary planning partner in the establishment of guidelines, best practices and legislation for emergency management. Consultation and planning occurred with the Department of Human Resources, Labour and Employment on social service emergency management issues in particular those that support healthy living and public safety during a disaster. Other partners in emergency planning included Health Authorities; municipalities; the Public Service Secretariat; the Public Health Agency of Canada; provincial and federal jurisdictions.

The Department of Government Services is a standing partner in the adherence to environmental health policies and inspection standards. Additionally the Department of Environment and Conservation and other departments continued to ensure that appropriate safeguards were in place, for issues such as the provision of safe drinking water.

Improved accessibility to priority services

The Mental Health Care and Treatment Review Board contributed to more appropriate access to mental health services by reviewing applications on behalf of involuntary patients who are admitted or require renewal certificates or are the subject of community treatment orders. Legislation supporting this is the *Mental Health Care and Treatment Act*. To determine the effectiveness of this legislation the Department of Health and Community Services and the Newfoundland and Labrador Center for Health information started planning for the evaluation of this legislation.

A provincial working group, including, the Royal Newfoundland Constabulary and Royal Canadian Mounted Police, government departments, community stakeholder groups, and individuals in recovery, contributed to the development of a Substance Use Strategy within the Provincial Mental Health and Addictions Policy Framework. In June 2008, strategy consultations were held with approximately 25 stakeholder groups including youth, seniors, persons with disabilities, as well as cultural and front line service organizations. The strategy will further support individuals recovering from substance abuse and their families in accessing effective treatment, enforcement and harm reduction strategies in the community.

Shared Partnerships

Improved accountability and stability in the delivery of health and community services within available resources

In legislative areas, work with professional organizations contributed to advances in the delivery of health services within available resources. The *Registered Nurses Act 2008* outlined new governance structures and disciplinary procedures for nurses and nurse practitioners. The *Act* contributed to improved utilization of available resources and enabled the Association of Registered Nurses of Newfoundland and Labrador to have greater accountability within the profession.

In April 2008 the Society of Rural Physicians' recognized the Faculty of Medicine with a national award for its success in providing graduates in rural family medicine with residencies. This and other related recruitment initiatives had a positive impact on the number of family physicians and specialists practicing in this province.

The establishment of the Task Force on Adverse Health Events and input from the Commission of Inquiry on Hormone Receptor Testing supported the department and contributed to greater accountability and building a culture of quality and safety in the health system.

The Department of Health and Community Services also acknowledges the valuable contribution of health and educational professionals, associations, organizations, provincial and federal government departments, and other key stakeholders. These and other partnerships are essential in achieving the strategic directions and enabling individuals, families and communities to achieve optimal health and well being.

The new Grand Bank Health Centre opened in January 2009 a total investment of $13.1 million.

Provincial investments enabled planning for new facilities to start and renovations to existing facilities to continue. Examples include planning and site selection for a new hospital in Corner Brook; planning for renovations at the Central Newfoundland Regional Health Centre in Grand Falls-Windsor; continued redevelopment of the James Paton Memorial Health Centre in Gander; redevelopment of the ambulatory care area at Carbonear General Hospital; planning for a new long term care facility in St. John's; planning for a new 50 bed long term care facility in Happy Valley-Goose Bay; and site infrastructure and design of a new health centre in Lewisporte.

Highlights and Accomplishments

Recognizing the need to replace aging and outdated health equipment, government invested $52 million this year for:

- Digital mammography units
- Digital x-ray equipment
- MRI machine
- Interventional angiography suite
- CT scanners

In addition, planning will begin for the acquisition of a Positron Emission Tomography (PET) scanner for the province. The acquisition of this equipment will significantly augment existing technologies for cancer care and will involve an investment of up to $10 million. The scanner is designed to primarily assist physicians in planning treatment for those with cancer diagnoses.

The expansion and renovations of educational institutions for additional spaces in medical, nursing and social work programs was also supported.

Ageless, a new campaign launched in November 2008 by the provincial government, promoted positive images of aging and recognized the contribution of seniors in Newfoundland and Labrador. The campaign is based on the fact that ambition, involvement and participation in society can be lifelong activities. Using a series of posters, print and radio ads, the campaign features local seniors actively engaged in their communities.

In January 2009 a new awards program, which honours the contribution of seniors, was also launched. The Newfoundland and Labrador Seniors of Distinction Awards will be awarded annually to recognize and celebrate the contributions, achievements and diversity of seniors throughout the province. The award is an initiative of the Provincial Healthy Aging Policy Framework which was launched in 2007.

Highlights and Accomplishments

The province allocated $6.5 million to the Health Authorities to address unique priorities and launched new initiatives including:

- establishment of six new infection control practitioners in hospitals;
- expansion of orthopedic services in Corner Brook;
- addition of portable oxygen to the benefit list under the Special Assistance Program; and
- provision of five additional nurse practitioners in hospital emergency rooms to assist in providing timely and appropriate interventions to non-urgent patients.

The province received an award of distinction in June 2008 from the Canadian Centre on Substance Abuse in recognition of its response to the rise of Oxycontin abuse in Newfoundland and Labrador. The creation of the OxyContin Task Force set out a strategy for the management of OxyContin and other related narcotics abuse and created a new community based model for substance abuse prevention, intervention, treatment and harm reduction.

Mission

Mission

By March 31, 2011 the Department of Health and Community Services will have guided the implementation of provincial policies and strategies that are developed to ensure equitable and quality services in population health, enhanced public health capacity, accessibility to priority services and improved accountability and stability in the health and community services system.

Measure: Guided implementation of provincial policies and strategies in the following priority areas:

2006-2008

- Access to select Health and Community Services (wait list areas)
- Long Term Care and Community Services
- Seniors
- Early Learning and Childcare
- Public Health Capacity
- Population Health
- Sustainability

2008-2011

- Long Term Care and Community Support Services
- Health and Wellness
- Prevention and Early Intervention for Children and Youth
- Chronic Disease Management
- Quality and Safety

Indicators:

- Developed, revised and/or implemented policies, protocols, guidelines or documents in the above areas;
- Partnered and collaborated with established councils, coalitions, and advisory Committees;
- Identified priorities for program, and policy development, public awareness, resource allocation and evaluation in selected areas;
- Supported the introduction/development of advanced information technology and management systems in communicable disease surveillance;
- Responded to issues identified in monitoring health related statistics and changes in the system; and
- Increased departmental focus on quality and safety.

Long Term Care and Community Support Services (LTC CSS)

Newfoundland and Labrador, like other Canadian provinces and countries, has identified the need to improve existing services and expand their availability in the LTC CCS system. Challenges, such as quality, choice, access and cost of services, pose difficulties for some individuals and families. These issues must be addressed if the service delivery system is to be more useful and responsive to the population.

Government has made improving the LTC CSS system a priority and has undertaken a major planning initiative to bring about the necessary changes. The Department of Health and Community Services is committed to:

- Developing a comprehensive long term care framework that is person centered;
- Strengthening home support and other services to promote independence, choice and quality of life; and,
- Reviewing and implementing 'best practice' standards for long term care homes, personal care homes and other residential supports.

The Department of Health and Community Services has responsibility for developing and implementing effective LTC CSS policies in partnership with the Health Authorities and others. This collaborative approach is designed to further the system goal of better accessibility to priority services across the province.

In 2008-2009 work focused on the financial assessment. The improved financial assessment will enable clients to access needed home support that may have been too expensive in the past. The increased ability of individuals to keep $10,000 instead of $5,000 in liquid assets, effective July 1, 2009 also reduces barriers in accessing this priority service.

More than 15,000 Newfoundlanders and Labradorians are receiving services and benefits from the LTC CCS system on an annual basis.

Source: Department of Health and Community Services

Report on Performance

Goal

By March 31, 2011 the Department of Health and Community Services will have introduced more flexible and responsive service to provide individuals and families with increased choice in selecting the appropriate long term care and community support services.

Objective 2008-2009

By March 31, 2009 the Department of Health and Community Services will have developed a conceptual framework to support increased choice in selecting long term care and community support service options.

Measure

Developed a conceptual framework.

Indicators	2008-2009 Accomplishments
Conceptual framework developed	While progress has been made on components of the conceptual policy framework, the full framework remains under development. Completion is now anticipated in 2010. During the year priority shifted from developing the framework to preparing for changes in the way that individuals would be financially assessed for assistance with home support services and health supplies. The need for a new income based assessment was seen as pressing and resulted in a refocusing of departmental efforts. Government supported this change and the new financial assessment will be in use by December 1, 2009.
Models of care identified, inclusive of an assessment model that has needs based options	Models of care have been analyzed through literature reviews and research from other jurisdictions. While there is not a one size fits all solution, different aspects can be adapted to meet the requirements of this province. In the 2008-2009 fiscal year, priority was given to developing financial assessment policy, which underpins all work in this area, and communicating changes with Health Authorities. Two components of the framework were prioritized for completion this year: • the financial assessment for both the Home Support Program (HSP) and the Special Assistance Program (SAP); and • begin the implementation of the interRAI-Home Care (interRAI-HC), a standardized assessment tool used in the community for individuals wishing to access community or long term care services.

Indicators	2008-2009 Accomplishments
Models of care identified, inclusive of an assessment model that has needs based options (continued)	This internationally recognized individual assessment tool has been adopted in many provinces and territories and will provide the Department of Health and Community Services with better data for planning and policy development. The on-going implementation of these assessments will assist in further model development.
Key stakeholders consulted	System consultations, primarily with the Health Authorities, have taken place in relation to the impending changes with the two new assessment processes: the income based assessment and the interRAI-HC. The Newfoundland and Labrador Centre for Health Information, the Office of the Chief Information Officer and the Health Authorities participated in a round table relating to the interRAI-HC. An Interdepartmental LTC CSS Advisory Committee was also formed to identify and trouble shoot any unforeseen impacts of the reforms on other government programs and services.
Evaluation criteria identified	Evaluation criteria for the new income-based financial assessment have been identified. These will include: • Number of existing clients with a decreased financial contribution and related increased cost to the Health Authorities; • Number of new clients following implementation of the new assessment; and • Annual cost of the Home Support Program. Further evaluation criteria will be identified upon completion of the conceptual framework. Ongoing monitoring of the Personal Care Home Sector using the operational standards indicator reports, which were developed in 2007-2008, show a high level of compliance with the provincial care and operations standards.

Indicators	2008-2009 Accomplishments
Policy developed to support selected models	In 2008-2009 policies, that provided clarification and direction related to the Personal Care Home Sector and Home Support, were developed and distributed to the Health Authorities. A new policy on compensation for delegated function for home support agencies has been implemented. This policy provided agencies with compensation for the time spent educating workers to carry out specified nursing functions on individual clients. The following policy work was initiated on the approved components of the selected models: • Initial steps were taken to begin the process for reviewing the Home Support Policy Manual. Due to the extent of the review to achieve the desired result and the need to collaborate with the Health Authorities, work will continue on this initiative in 2009-2010; • Policy changes in the Special Assistance Program, which provides equipment and health supplies to eligible individuals, were approved and will open the program to a greater number of individuals. As of July 2009 these changes will enable individuals to access the program directly and no longer have to be receiving home support services in order to obtain the benefit; and • New financial assessment policies are under development and will be finalized prior to the December 2009 implementation date.
Necessary approvals obtained to proceed with implementation of selected models	Any change in the system has to be carefully considered to ensure sustainability into the future. In 2008-2009 approval was received to proceed with the implementation of the financial assessment for Home Support and Special Assistance Program and the interRAI-HC. This means: • implementation of the income-based assessment for Home Support and the Special Assistance Program; • increases to the personal or comfort allowance; • changes to the allowable liquid asset levels for most programs; and • beginning implementation of the interRAI-HC.

Discussion of Results

Developing and implementing additional LTC CSS for individuals and families requires a deep understanding of the personal needs that the service is attempting to meet. One important step in reaching that understanding is the type of needs assessment that individuals and families must undergo. Changes to the LTC CSS sector often require both a financial and human resource investment in order to bring about improvement. Currently government spends well over $300 million dollars every year to provide individuals with services. The many components that make up the LTC CSS system have functioned in isolation of each other for many years. The complexity, scope and substantial cost associated with building, changing or modifying any current or new models with a sustainable integrated LTC CCS system is a major undertaking.

A new approach to the assessment of peoples' health and living needs, the interRAI-HC, has been approved for implementation and will assist in determining the amount and type of care and supports that are required. Active planning has begun with the Health Authorities for implementation of the interRAI-HC, which is to commence in 2010. Introducing the interRAI-HC holds great promise for a better match between the needs of the individual and the service response.

Important strides are being made in strengthening components of the LTC CSS system. Introducing an income-based financial assessment was instrumental in improving access to necessary home support services as well as the health supplies that are often required. Reducing financial barriers to home support will assist individuals in remaining at home as long as possible. This was a common concern expressed frequently during the Healthy Aging Policy Framework public consultations. Increasing the allowable liquid asset amounts also reduced the financial impact of the service on the individual and family.

This initiative is multi faceted and given fiscal and human resource limitations some components will be prioritized for completion beyond this current planning cycle and well into the future. The work in 2008-2009 contributed to achieving the department's strategic direction of improved accessibility to priority services and goal of introducing more flexible and responsive services in LTC CSS.

Objective 2009-2010

By March 31, 2010 the Department of Health and Community Services will have commenced implementation of new assessment models and selected service delivery options to support the identification of appropriate long term care and community support services.

Measure

Implementation Commenced.

Indicators 2009-2010

- Completed the approved components of the conceptual LTC CSS framework
- Started implementation of the income-based financial assessment
- Completed the Financial Assessment Policy Manual for LTC CSS
- Revised the Home Support Policy Manual
- Assessed the readiness to start implementation of the interRAI-HC
- Considered key stakeholder consultation recommendations on selected service delivery options

Health and Wellness

In 2003 the Provincial Wellness Advisory Council prepared and submitted recommendations for a provincial wellness strategy to the Minister of Health and Community Services. These recommendations, along with existing initiatives and resources, lead to the development of Achieving Health and Wellness: Provincial Wellness Plan for Newfoundland and Labrador (Phase 1:2006-2008). Budget 2005 allocated $2.4 million to support the strategy and $5.2 million to continue the commitment to encourage and support healthy lifestyles and improve the health and wellness of the people of the province.

Phase 1 of the Plan began implementation in 2006 and focused on the key areas of Healthy Eating; Physical Activity; Tobacco Control; and Injury Prevention. As reported in the Population Health section of the 2007-2008 Annual Performance Report, work had just started in some areas, and in others, such as injury prevention, work progressed in 2008-2009 to the point of enacting legislation and initiating public awareness campaigns.

Thus, in 2008-2009, there was a continued focus on School Food Guidelines and preschool initiatives came to the fore. The evaluation of Phase 1 provided evidence to sustain and modify policies and resources and focus on the latest evidence and best practice in the development of new Phase 2 initiatives:

- Mental Health Promotion;
- Child and Youth Development (birth to 6 years);
- Environmental Health; and
- Health Protection.

This report documents progress based on work in the 2008-2009 fiscal year with Health and Wellness having its own focus as a strategic issue.

Goal

By March 31, 2011 the Department of Health and Community Services will have enhanced capacity to improve the health of the population by focusing on the following identified priority wellness areas from Phase 1 and 2 of the Provincial Wellness Plan:

Phase 1 and 2

Healthy Eating	Mental Health Promotion
Physical Activity	Child and Youth Development
Tobacco Control	Environmental Health
Injury Prevention	Health Protection

Objective 2008-2009

By March 31, 2009 the Department of Health and Community Services will have addressed the next developmental steps in the respective implementation of wellness priority areas.

Measure

Next developmental steps addressed

Indicators	2008-2009 Accomplishments
Implemented policy guidelines for selected wellness areas in Phase 1	The following are selected priority focus areas with progress reported for the 2008-2009 fiscal year: <u>Healthy Eating</u> The Department of Health and Community Services and the Department of Education partnered to develop specific nutrition criteria for the School Food Guidelines and a food/beverage item review process. School districts across the province completed the phase-in of their healthy eating/nutrition policies based on the provincial School Food Guidelines and moved to full implementation in September 2008. The policies provided students with access to healthy food and beverage choices in school and during school events. The Department of Health and Community Services, based on employee survey and key informant interviews, adopted the healthy eating guidelines for meetings and events.

Indicators	2008-2009 Accomplishments
Implemented policy guidelines for selected wellness areas in Phase 1 (continued)	Physical Activity The Department of Health and Community Services participated in an advisory committee and provided program expertise to the Departments of Tourism, Culture and Recreation, and Education for the implementation of the recreation and sports strategy, Active, Healthy Newfoundland and Labrador. In addition, other initiatives, such as wellness grants and Healthy Students Healthy Schools, demonstrated how partnerships in health, recreation and sport contributed to the goal of improving the health status of Newfoundlanders and Labradorians. Tobacco Control Similarly, in collaboration with the Alliance for the Control of Tobacco, the Department continued to support school districts with the implementation of 100% smoke-free school ground polices. Health Authorities are also going smoke free. Central, Western and Labrador-Grenfell Health Authorities have implemented their smoke free policies and Eastern Health smoke free policy is anticipated by the end of 2009. In Fall 2008, the Department carried out public consultations on proposed amendments to the *Tobacco Control Act* to provide tobacco retailers, the general public, health organizations and industry groups with an opportunity to provide their views on banning powerwalls.
Distributed provincial documents/information in selected wellness areas to targeted groups and the general public	Healthy Eating and Physical Activity Provincial breastfeeding resources were updated, distributed and promoted to young women, expectant mothers, families, and the general public. For more information visit http://www.health.gov.nl.ca/health/publications/pdfiles/BH_Book08.pdf. As well, support continued for the Provincial Breastfeeding Coalition initiatives.

Indicators	2008-2009 Accomplishments
Distributed provincial documents/information in selected wellness areas to targeted groups and the general public (continued)	The School Food Guidelines were distributed to school food providers and schools throughout the province and included: • Supporting School Food Guidelines – Information for Parents and Caregivers; and • School Food Guidelines for School Food Providers. As well, the Department of Health and Community Services and the Department of Education partnered to develop and distribute to the above groups, the following resources: • Nutrition Criteria for all Food Groups • Food/Beverage Item Review Process; and • Brand Name Food List The following combined messages on healthy eating and physical activity within school environments: The provincial Healthy Students Healthy Schools website continued to enable the school community to post and access information on creating healthy school environments. The site contains information on health eating, physical activity, living smoke-free, addictions awareness, environmental health and injury prevention. http://www.livinghealthyschools.com/ Living Healthy Commotions continued to be supported and held as an annual event in all school districts (K -12 schools) across the province to highlight and celebrate the creation of healthier school environments. Visit the website at http://www.livinghealthyschools.com/lh_commotions.html
Provided information and training to key stakeholders when implementing new guidelines, policies, and programs	Partnerships and collaboration address one of the first aspects of increasing capacity by providing individuals, groups and communities at multiple levels with information and training to influence existing and new legislation, policy, programs and guidelines. This was demonstrated in the following 2008-2009 activities: • School district workshops were held for school caterers and suppliers and provided a forum to discuss and share ideas around the implementation of the Healthy Eating/Nutrition Policies in their respective schools and districts. The Department of Health and Community Services provided resource persons and workshop leaders at these workshops.

Indicators	2008-2009 Accomplishments
Provided information and training to key stakeholders when implementing new guidelines, policies, and programs (continued)	• The Ticker Tom Program, which is designed for ages 6-12 years and enjoyed by all ages, used interactive games to promote healthy eating, active living, and being smoke-free. Recreation leaders were trained in the Ticker Tom Summer Program and given tools to promote relevant messages at summer camps. The Ticker Tom Summer Program was evaluated and program resources up-dated and distributed to user groups in 2008-2009. • The department provided staff with specialized training and coordinated a provincial workshop on the Canadian Falls Prevention Curriculum – Seniors Falls (October 2008). A network has been established to share information among the participants who attended the training. • The department supported the planning and implementation of the Alliance for the Control of Tobacco's provincial tobacco control conference as co-chair. The conference provided over 100 participants from the health, education and recreation sectors with the opportunity to expand their knowledge about current and emerging issues in tobacco control.
Incorporated the recommendations of the Provincial Wellness Advisory Council into the identified priorities for Phase 2	In 2008-2009 there was on-going review of the recommendations and related documents/ working papers in the previously identified wellness priority areas. The Provincial Wellness Advisory Council prepared recommendations on the wellness priority areas and submitted them to the Minister of Health and Community Services. Taking direction from the recommendations and building on the existing initiatives and resources from Phase 1 has lead to the development of the Provincial Wellness Plan for Newfoundland and Labrador: Phase 2 (2008-2011). The Department of Health and Community Services has incorporated these recommendations into Phase 1 and Phase 2 wellness priority areas in keeping with their respective stage of development.
Implemented evaluation and other recommendations as part of the initiation of Phase 2	The evaluation of Phase 1 of the Provincial Wellness Plan has provided evidence to sustain and modify policies and resources for the initiation of Phase 2. An example of implementing recommendations that were included in Phase 2 initiatives is the Ticker Tom Program. Information has also been provided on effective practices to consider in the development of new initiatives for Phase 2. In 2008-2009 the evaluation was shared with the Provincial Wellness Advisory Council, the Regional Wellness Coalition, Health Authorities, and the Minister and Executive of the department.

Indicators	2008-2009 Accomplishments
Implemented evaluation and other recommendations as part of the initiation of Phase 2 (continued)	Recommendations from the evaluation were addressed in the ongoing work of the Health Promotion and Wellness Division. Phase 2 includes the original four initiatives and is expanded to Mental Health Promotion; Child and Youth Development (birth to 6 years); Environmental Health; and Health Protection.
Initiated development of a public awareness campaign in selected areas	Public awareness campaigns were developed and initiated in the following selected areas: • Booster Seat Legislation: Media and print materials were developed jointly with the Department of Government Services to support the introduction of this legislation. • School Food Guidelines and a Food/Beverage Item Review: Specific nutrition criteria were developed with the Department of Education and are available at www.livinghealthyschools.com • Provincial breastfeeding resources were updated and promoted on the website www.gov.nl.ca/health/publications • Stop smoking in the workplace increased worker awareness of the Provincial Smokers Helpline www.smokershelp.net and http://www.actnl.com/

Discussion of Results

Phase 1 (2006-2008) of the Provincial Wellness Plan was the initial response to recommendations by the Provincial Wellness Advisory Council for a provincial strategy to address healthy eating, physical activity, tobacco control and injury prevention. Initiatives, such as the School Food Guidelines, Active Healthy Newfoundland and Labrador, Smokers Helpline and the new Booster Seat legislation contributed to the overall health and well being of Newfoundlanders and Labradorians. Wellness grants furthered the promotion of healthy living. In 2008-09 groups and organizations across the province submitted proposals which resulted in the awarding of twenty-three provincial wellness grants totaling $322,000. Projects in nine Rural Secretariat regions helped to provide people with knowledge and opportunities to be healthy and adopt an active lifestyle.

The evaluation of Phase 1 confirmed and provided many positive results and guidance for improvements. The Provincial Wellness Plan: Phase 2 (2008-2011) built on Phase I and existing momentum. The focus expanded to the new priority issues and the key directions remain as shared partnerships and collaboration; increased public awareness; develop and expand wellness initiatives; and enhance capacity for health promotion.

Report on Performance

The interconnectedness of individuals, families, homes, schools, workplaces and communities was increasingly obvious in the 2008-2009 wellness initiatives Partnerships and engagement/ active participation were key. In 2008-2009, a sustained and consistent effort through campaigns, information sessions, wellness grants, internet sites and training, contributed to increased public and workplace awareness of the factors that impact health and well being across a variety of age groups and sectors of the population. The full benefit of these initiatives will be known when the health status of future generations is assessed and the utilization of health services evaluated. The Department of Health and Community Services continues to work with the Provincial Wellness Advisory Council in support of the strategic direction of improved population health and expanding the focus to identified Phase 2 priority areas in 2009-2010.

Objective 2009-2010

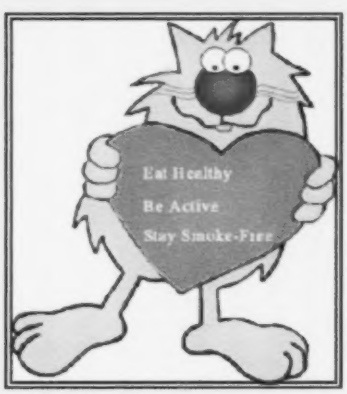
By March 31, 2010 the Department of Health and Community Services will have monitored progress on the development and impact of priority areas of the wellness plan.

Measure

Progress monitored on development and impact of priority areas of the Wellness Plan.

Indicators 2009-2010

- Continued implementation of Phase 1 priorities
- Expanded focus to new Phase 2 priorities
- Indicators developed for monitoring progress
- Completed Provincial Wellness Plan annual report cards
- Continued partnership development



Prevention and Early Intervention for Children and Youth

Research indicates that investments in the early stages of human development positively impact life long health and well-being, and that in time, the cumulative effect of investments will be realized. In the 2008-2011 Strategic Plan, the focus on prevention and early intervention was broadened to include Children and Youth Services, Mental Health and Addictions and Wellness initiatives. In year one (2008-2009) priority was placed on select programs and services to which the prevention and early intervention focus could be increased. In year 2 and 3 of the plan, the focus will be the implementation of changes in prevention and early intervention programs, services and activities. These efforts will build on the 2006-2008 Strategic Plan which focused on the strategic issue of early learning and child care to:

- Increase spaces in regulated child care centers;
- Create nurturing environments with subsidies for low income families; and
- Increase program and human resources.

In 2008-2009, the Department of Health and Community Services continued to invest in early learning and child care and supported a wider array of programs and services. Strengthening existing prevention and early intervention services, increasing capacity throughout the province, and implementing organizational change in the Division of Children and Youth Services were key focus areas. One of the benefits was that this work also supported funding approvals for the 2009-2010 year. Organizational change eventually resulted in the creation of a new Department of Child, Youth and Family Services in March 2009.

Goal

By March 31, 2011 the Department of Health and Community Services will have incorporated an increased focus on prevention and early intervention programs and services for children, youth and their families in the design and development of programs, services plans, strategies and other required documents.

Objective 2008-2009

By March 31, 2009 the Department of Health and Community Services will have increased emphasis on prevention and early intervention in plans, strategies and programs dealing with children's services.

Measure

Increased prevention and early intervention emphasis in children's services.

Indicators	2008-2009 Accomplishments
Reviewed existing children's programs and services to determine the extent to which a prevention and early intervention focus exists	The following information primarily focuses on the programs and services within Children and Youth Services, which have early intervention and prevention included in program design. Select activity in the Wellness and Mental Health and Addictions Divisions is also included. During the year, reviews were undertaken in selected areas to identify where this focus could be strengthened. Program reviews were completed using a variety of methods, including budget review, wait list analysis, evaluation and gap analysis. In home visiting programs, the focus on prevention and early intervention was strengthened by: • Reviewing best practice research and models of home visiting services that focused on parent child interactions; • Identifying ways to enhance home visiting services to families with infants and young children; and • Increasing funding to address waitlists for home based early intervention services for children with developmental delay. In child care services, the focus on prevention and early intervention was strengthened by: • Implementing a program evaluation of the Early Learning and Child Care Supplement; • Reviewing available information for a 10 year early learning and child care strategy; and • Implementing a promotion campaign on Child Care Services to inform the public about services and available supports. In community based services, the focus on prevention and early intervention was strengthened by: • Increasing funds for Healthy Baby Club program so more young mothers and women could access services; • Identifying ways to enhance existing services and supporting the development of new Family Resource Programs in Conception Bay South, Lewisporte and Happy Valley-Goose Bay;

Indicators	2008-2009 Accomplishments
Reviewed existing children's programs and services to determine the extent to which a prevention and early intervention focus exists (continued)	• Implementing provincial training in Nobody's Perfect (i.e., a parent training program), which trained more facilitators and produced a Master Trainer as a means to increase province-wide delivery capacity; and • Increasing funding to The Kids Eat Smart Foundation so more children could participate in school lunch and snack programs. In the promotion of health and wellness, the early identification and prevention focus was strengthened by: • Releasing The Preschool and Toddler Food and Nutrition Report with recommendations for improvements; • Introducing a half-time provincial lactation consultant to oversee the development of a Breastfeeding Strategic Plan, policy specific to breastfeeding, and implementation of the Baby Friendly Initiative; • Increasing funding for the development of a pubic awareness campaign on breastfeeding; and • Developing prenatal self-assessment and nurse led screening tools to complement the Prenatal Education and Support Program in the Provincial Perinatal Program. As well, reporting child abuse makes earlier intervention possible. In October 2008 government introduced See it. Report it. It's the Law, a province wide campaign designed to raise awareness about the mandated duty to report child maltreatment under the *Child Youth and Family Services Act*, how to report and what happens after a report is made. The campaign recognized that a child's life, health, or well-being may depend on the individual actions of citizens in this province to report maltreatment. In March 2009 the Department of Health and Community Services re-organized the Division of Children and Youth Services to create two divisions; the Division of Child, Youth and Family Services and a new Division of Family and Child Development. The establishment of a Division of Family and Child Development provided the opportunity to further focus on prevention and early intervention programs and services. Later in the same month, the new Department of Child, Youth and Family Services was announced.

Indicators	2008-2009 Accomplishments
Identified ways to increase focus in children's services that are also applicable to youth and family services	While much of the focus has been on services to younger children and their parents, prevention and early intervention activities also positively impact older children, other family members and the broader community. As part of the Early Learning and Child Care Plan, in April 2008 a new campaign was implemented to inform the public about 3 primary topics in child care services, including: • Considerations in choosing a regulated child care service; • The benefits of quality child care to the child as well as the family; and • Information to the public on financial assistance available through the Child Care Subsidy Program including the criteria for eligibility and how to apply. The Brighter Futures Wellness Project has served as a building block for broader community based initiatives and strengthened the capacity of existing programs. Funding through a provincial wellness grant enabled this project to develop new print resources for: • Nutrition Tool Kits for pre and post natal (0-6 years) • Community Gardens • Level Best Buying Clubs • Food Security Workshops In the Health and Wellness Division, The Provincial Wellness Plan Phase 1, included Youth and Wellness in Strengthen Partnerships and Collaboration, a key direction and recognized the importance of including youth in the actions taken. In Phase 1, the Child Youth Development Working Group produced a wellness paper on children age 0 to 6 years. The recommendations will be incorporated into Phase Two of the Provincial Wellness Plan. Development of a second paper on children age 6 to 12 years will start in 2009-2010 and this will then be followed by a focus on older youth. The *Provincial Wellness Plan* also recognized the importance of aligning with the Mental Health and Addictions Services to ensure a comprehensive and coordinated approach for mental health in the province.

Indicators	2008-2009 Accomplishments
Identified ways to increase focus in children's services that are also applicable to youth and family services (continued)	In Mental Health and Addictions, the Early Intervention and Outreach Program was introduced. Twenty workers were provided to Health Authorities to work with youth in their communities. These and other health initiatives will continue to identify more ways youth can benefit and be involved earlier and as they become adults. Please see the Health and Wellness Issue for additional shared initiatives to address the health status of children and youth.
Consultations held as needed with key stakeholders	Child, Youth and Family Services and Mental Health and Addictions Services are involved in the issues associated with Fetal Alcohol Syndrome Disorder (FASD). In 2008 the provincial lead position for dealing with FASD was with the Division of Children and Youth Services. In May 2008 a Mental Health and Addictions Services' consultation dealing with the Provincial Substance Use Strategy focused on preventing and treating problematic substance use. A number of aspects were addressed including Health Promotion; Prevention; Education and awareness; Enforcement; and Treatment and harm reduction such as the prevention of secondary effects from substance abuse. In May and June 2008, Child, Youth and Family Services held focus groups and continued to collaborate with Health Authorities regarding the February 2008 strategy consultation to address regional implications for child, youth and family services.

Discussion of Results

Many partnerships are needed to support healthy outcomes for children, youth and families. Some of the work in 2008-2009 consisted of the department reviewing legislation, and policy and programs to re-organize and strengthen services and practice throughout the province. Other work crossed department and inter-department initiatives, such as the Poverty Reduction Strategy and Violence Prevention Initiative that in their own right and collectively contributed towards creating supportive environments. Increased investments resulted in an improved system to support children, youth, families and communities.

In 2008-2009 much of the focus has been on strengthening the system through:

- Continued support for early learning and child care services;
- Enhanced capacity at the provincial level to focus on program review and development; and

- Strengthened capacity at the regional and community levels to improve delivery of programs and services.

Children, youth, families and communities have benefited from enhanced and additional program resources. Many young parents also availed of this information and developed more positive parenting skills by participating in these programs and services. The work in 2008-2009 was a good start to achieving earlier and greater access and reducing waitlists in identified programs and services in the next two years.

The Department of Health and Community Services capitalized on the lessons of the past and started to build an improved service environment for children, youth and their families. This constituted significant progress towards achieving the strategic direction of strengthening and improving access to prevention and early intervention services and the department's 2011 goal. Future directions in some program areas will be established by the new Department of Child, Youth and Family Services. The Department of Health and Community Services will further define health related early identification and prevention initiatives in existing programs and services as per the 2008-2011 strategic plan. The 2009-2010 objective focuses on the Department of Health and Community Services initiatives in the coming year.

Objective 2009-2010

By March 31, 2010 the Department of Health and Community Services will have started to implement identified approaches that increase focus on prevention and early intervention programs and services for children, youth and their families.

Measure

Implementation started

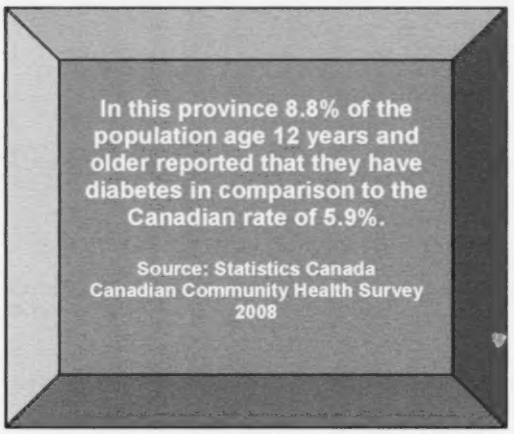
Indicators 2009-2010

- Reviewed legislation and policy in relation to the respective responsibilities of the Department of Health and Community Services and the new Department of Child, Youth and Family Services;
- Completed reports related to the needs of children, youth and families;
- Initiated research and resource development in selected areas; and
- Progress made on the implementation of identified prevention and early intervention initiatives.

Chronic Disease Management

Many Newfoundlanders and Labradorians have already developed or are at risk for developing chronic health conditions such as:

- diabetes
- heart and circulation problems
- lung disease
- arthritis
- cancer
- depression
- schizophrenia


In this province 8.8% of the population age 12 years and older reported that they have diabetes in comparison to the Canadian rate of 5.9%.
Source: Statistics Canada
Canadian Community Health Survey
2008

Chronic conditions and diseases are those that begin gradually and impact an individual's daily activities over a long period of time. These conditions often share common risk factors such as, obesity and overweight, physical inactivity, poor nutrition and smoking. Research has shown that individuals and families, who take an active part in the daily management of their health condition, generally experience better health and a better quality of life.

The department promotes a comprehensive approach to chronic diseases by engaging in a wide range of strategies. In 2008-2009 work was on-going with several disease specific interest groups. In addition, a key initiative was the stakeholder consultation held in June 2008 with a broad range of community interest groups. Presentations and discussions with all participants highlighted many commonalities that are shared by individuals who struggle daily with multiple health conditions. The support from families, the value of social interaction and the need to pay attention to one's emotional and mental health were frequently highlighted as essential to living well with a chronic condition.

The aim of this strategic issue is to facilitate a more systematic, team-based approach to how individuals and families are assisted in managing chronic conditions in the health system. This focus is intended to limit the progression and impact of the disease, thus improving the quality of life and overall health outcomes. This goal supports the strategic directions dealing with population health by addressing support for healthy aging and dealing with access to priority services by strengthening partnerships between primary health care providers and persons with chronic disease.

A number of initiatives have been implemented in recent years to help Newfoundlanders and Labradorians make healthier lifestyle choices:

- Renewal of primary health care
- Increases in public health capacity
- Investments in wellness promotion, cancer prevention and treatment, healthy aging, dental health, healthy eating, mental health and addictions, and poverty reduction.

Building on these initiatives government has committed to developing a comprehensive chronic disease control strategy that will include prevention of disease and promotion of health as well as best practices in self management and system management. This approach, designed to first work at preventing the occurrence of disease and then to manage it effectively, is key to both sustaining the health care system and improving population health.

Goal

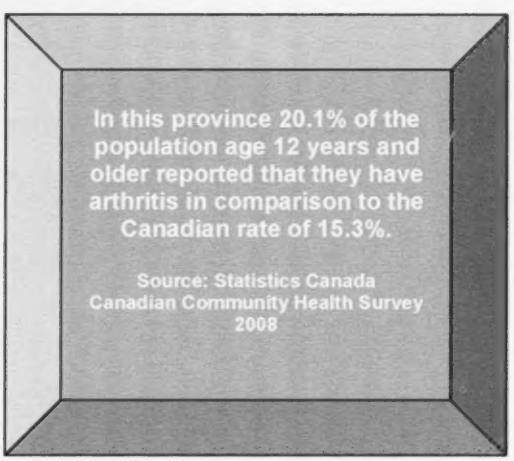
By March 31, 2011 the Department of Health and Community Services will have increased capacity in the area of chronic disease management.

Objective 2008-2009

By March 31, 2009 the Department of Health and Community Services will have started to develop a provincial chronic disease management strategy that includes policy directions to support an integrated and comprehensive approach to manage selected chronic diseases.

Measure

Developed a draft provincial chronic disease management strategy.


In this province 20.1% of the population age 12 years and older reported that they have arthritis in comparison to the Canadian rate of 15.3%.
Source: Statistics Canada
Canadian Community Health Survey
2008

Indicators	2008-2009 Accomplishments
Completed consultation with key stakeholders	External consultations In June 2008 the Department of Health and Community Services held an external consultation with representatives of 14 health charities/community groups. The purpose of the session was to: • share information about current activity with respect to chronic disease prevention and management; • gain insight into the benefits and expectations of a provincial strategy; • gather input about the guiding principles and common themes for a strategy; and • hear suggestions for continued stakeholder input. In 2008-2009 the Department was involved with over 25 community groups, such as the Victorian Order of Nurses, the Canadian Mental Health Association, the Heart and Stroke Foundation of Newfoundland and Labrador, the Diabetes Association, Caregivers Out of Isolation, the Canadian Mental Health Association of Newfoundland and Labrador, several cancer related agencies and others. The ongoing conversations and dialogue will inform further strategy development. Internal Consultations The development of the strategy involved a cross section of individuals within the Department of Health and Community Services. From the start there was full support for an integrated chronic disease strategy that would highlight best practices in policy and program development, as well as link individual disease strategies under a common framework. The topic was a regular discussion item at the senior management meetings at the Department of Health and Community Services and the Health Authorities.
Identified focus areas for select clinical practice guidelines/standards	Due to other departmental priorities, the development of a chronic disease management strategy was deferred and slowed progress on the achievement of this indicator. Work has started to identify clinical practice guidelines for areas such as colorectal screening, diabetes and serious mental illness. Collaboration is ongoing with specific community groups to address the chronic conditions of stroke, diabetes, cancer, and mental illness. As well, an approach to preventing childhood obesity is under development.

Indicators	2008-2009 Accomplishments
Identified chronic disease management models and key priority actions	Activities, including literature reviews, cross jurisdictional scans, and expert opinions, are underway to identify appropriate management models and key actions to advance the development of chronic disease management models. Due to other departmental priorities, the development of chronic disease management models was delayed. This work will contribute to achieving the Department of Health and Community Services' vision, mission and strategic goal for 2010-2011.
Proposed strategy submitted for approval	Due to other departmental priorities, the development of a chronic disease management strategy was deferred. The proposed strategy is currently being developed in draft form and will be submitted for approval in 2009-2010.

Discussion of Results

Recognizing that many Newfoundlanders and Labradorians are at risk for or have developed chronic conditions, government is committed to assisting individuals, families and communities in the achievement of optimal health and well-being. This commitment crosses several strategic issues in both the 2006-2008 and the 2008-2011 departmental strategic plans and has its own focus in the 2008-2011 plan.

The importance of a chronic disease management strategy and the need to further engage stakeholders in its development is well recognized. Input from a wide range of stakeholders is essential and this was identified clearly during the June 2008 information sharing session. Involvement of the Health Authorities is also essential. In 2009-2010, some of the indicators from 2008-2009 will be carried over and there will be a renewed effort to build on these initiatives, as we continue to develop a provincial chronic disease management strategy.

Objective 2009-2010

By March 31, 2010 the Department of Health and Community Services will have implemented policy directions and developed guidelines for management of select chronic diseases and approved aspects of the strategy.

Measure

Implemented policy directions.

Indicators 2009-2010

- Identified focus areas for select clinical practice guidelines/standards
- Identified chronic disease management models and key priority actions
- Proposed strategy submitted for approval
- Implemented policy directions based on approvals to proceed

Measure

Developed guidelines for management

Indicators 2009-2010

- Assessed readiness of selected program areas for implementation of practice guidelines
- Identified draft guidelines for select conditions
- Continued partnership with interest groups and health practitioners for planned implementation of guidelines

Quality and Safety

The health system in this province is diverse and must manage many challenges in the delivery of services given the geographical landscape and demographic profile. The department is committed to the delivery of high quality and safe services from a recipient and provider perspective. The leadership role is recognized and needed to guide and support provincial, regional and local efforts to improve quality and safety. By identifying quality and safety as a strategic issue, the overall strategic direction of improved accountability and stability in the delivery of health and community services is strengthened. This complements and builds on other existing government and Health Authority quality initiatives and facilitates the establishment of monitoring systems for health and community programs and services.

In May 2007, government established The Task Force on Adverse Health Events to examine how the health system identifies, evaluates, responds and communicates in regard to adverse health events. The Task Force examined current practices within the province, identified best practices across the country, identified case studies, interviewed experts, and consulted closely with Health Authorities and stakeholders. A provincial forum was also held in May 2008 to synthesize views and perspectives. The final report was released in December 2008 and many of the recommendations are guiding health system activity. Others are under active consideration with respect to prioritization, implementation and performance monitoring.

As well, the findings of the above and other reviews such as, The Commission of Inquiry on Hormone Receptor Testing, were considered by the Minister and the Vice Presidents' of Patient Safety Committee, which is comprised of representatives from the Department of Health and Community Services and the Health Authorities. Areas of attention included:

- patient safety;
- quality assurance initiatives;
- infection control programs;
- risk management programs;
- best quality practices within the four Health Authorities; and
- best practices across the system to establish and implement a province wide accreditation for all laboratories.

Goal

By March 31, 2011 the Department of Health and Community Services will have strengthened organizational systems within the health and community services sector that foster quality and safety.

Objective 2008-2009

By March 31, 2009 the Department of Health and Community Services will have built the foundation for a culture of quality and safety at the provincial level and within the health and community services sector.

Measure

Built the foundation for a culture of quality and safety.

Indicators	2008-2009 Accomplishments
Identified best practices in quality and safety at the provincial level	Fire and Life Safety Assessments of Unsprinklered Health Facilities were completed in March and April 2008 by the Fire Commissioner and Fire Protection Officers. The assessments included a site visit and reviews of compartmentalization, accessibility of fire exits, detection and suppression systems and staff awareness and training. The visits resulted in renewed focus on education and training and strengthened procedures and best practice standards to ensure public health facilities are safe. In December 2008 the Task Force on Adverse Health Care Events released its report which dealt with best practices and adverse event management. A separate report was completed relating to Health Quality Council models and how such models could support decision making in the management of adverse events. Specific areas were identified in which action could be taken immediately. Evidence of best practice exists in the development of policy and the implementation of programs and services: • In March 2009, a Nursing Human Resources Forum was held and the Ottawa Model of Nursing Clinical Practice was actively explored. This model is designed to organize the delivery of nursing care among different categories of nurses and has been shown to stabilize and strengthen practice within the nursing profession. • The Clean, Cover and Contain Campaign was developed to increase awareness of how germs are spread, particularly influenza.

Indicators	2008-2009 Accomplishments
Identified best practices in quality and safety at the provincial level (continued)	• Panorama, a national communicable disease surveillance system, is under construction using the latest technology and will be fully integrated with the Electronic Health Record. • Best practices have been applied in the Provincial Blood Co-ordinating Program to include: ◊ Policy Guidelines for Blood Component and Blood Product Administration ◊ Policy Guidelines for Blood Component Substitution in Adults ◊ Standard Operating Procedures for Inter-hospital Transfer Program ◊ Guidelines for Respiratory Synctial Virus Infection Prophylaxis • The planning process for residential treatment facilities for youth with complex needs, including mental health and addictions is founded on research and evidence to guide best practices in program development and delivery. • In LTC CSS, plans are underway to begin the implementation of interRAI-HC in the community.
Established a Quality Network Team	The Vice Presidents' of Patient Safety Committee consisted of representatives from the Health Authorities (Vice Presidents and directors as needed) and representatives from the Department of Health and Community Services, who served as the Quality Network Team. This committee has focused on the recommendations from various reports including advancing the development of a Health Quality Council.
Developed supporting documents, such as policies, standards and documents, such as a Terms of Reference	Preliminary work has been completed and Terms of Reference and mandate and draft supporting documents have been developed. Based on research, inclusive of a jurisdictional scan, a framework for a Health Quality Council has been identified that is appropriate to the experience and context in this province. Development of a Patient Charter and safety specific policies and standards will be a focus of the Health Quality Council when established.
Implemented provincial standards, quality improvement and monitoring/mechanisms in Child, Youth and Family Services	Standards and mechanisms were implemented in child care services with the completion of two policy and standards documents, the Child Care Services Inclusion of Children with Special Needs Policy Manual and the Standards for School-Age Child Care Programs Manual. Future activity in this area will be determined by the new Department of Child Youth and Family Services.

Indicators	2008-2009 Accomplishments
Increased system responsiveness to identified issues	System responsiveness is evident throughout this report in each of the sections dealing with Strategic Issues, Shared Partnerships and Highlights and Accomplishments sections. The following indicate provincial level responses to issues in the health system in 2008-2009: • Emergency Medical Air Transportation: In February 2009 the provincial government unveiled a new air ambulance in St. Anthony. The Beechcraft King Air 350, along with the King Air aircraft based in St. John's, will provide transportation for residents of the province in the event of health emergencies. • Increased access to approved medication in the Newfoundland and Labrador Prescription Drug Program (NLPDP): In 2008-2009 the NLPDP was enhanced with the addition of new medications, changes to the provincial formulary, and the movement of certain prescriptions from special authorization to open benefit. • Food Safety Education: In Newfoundland and Labrador, food safety education for food service workers has not been a routine component of the food safety program. In 2008-2009, a food safety course was developed. The introduction of a pilot on this new food safety course will contribute to the advancement of the industry, the attainment of the 2006-2008 departmental strategic direction dealing with training food safety workers, and build on established partnerships. • Infection control/ communicable disease surveillance system: The province participated in the implementation of Panorama, a national communicable disease surveillance system. The deployment of Panorama at a provincial and regional level will enable the province to better manage public health events through early detection, rapid verification and appropriate response. Regional Advisory Committees were established and orientation sessions were held across the province in February and March 2009 to educate the Health Authorities on Panorama. • Need for Improvement in Child Youth and Family Services: Reviews were completed, including The Clinical Practice Review (December 2008) and Children in Care in Newfoundland and Labrador: A Review of Issues and Trends with Recommendations for Programs and Services (September 2008). Recommendations were being considered at the time the new Department of Child, Youth and Family Services was created.

Indicators	2008-2009 Accomplishments
Increased system responsiveness to identified issues (continued)	• Commission of Inquiry of Hormone Receptor Testing: The Department of Health and Community Services and Health Authorities proactively started to address identified issues before the release of the Inquiry Report (March 2009). A report on progress will be given by the Minister in March 2010. • Incentives to Attract Nurses and other Health Practitioners: Workforce shortages have forced greater efforts to recruit and retain professionals in the province. Resources were provided to engage students and graduates in working in Newfoundland and Labrador.
Identified evaluation criteria for performance reporting	Evaluation criteria for performance reporting have been identified in the following areas: • Provincial Wellness Plan: An evaluation of Phase 1 of the Provincial Wellness Plan was completed against established measurement criteria. The effectiveness of the Plan was recognized. In Phase 2, provision for increased accountability and evaluation were added to monitor progress and measure impact. • Provincial Wellness Grants: Specific criteria were developed for a consistent approach to the assessment of proposals and the awarding of grants and determining the impact of the grants throughout the province. • *Mental Health Care and Treatment Act*: The Mental Health and Addictions Division worked with the Newfoundland and Labrador Centre for Health Information (NLCHI) to design an evaluation framework for the implementation of the mental health legislation. In February 2009, a workshop was held to obtain stakeholder input into the development of the evaluation framework. • Health Line Evaluation: In January 2009 at the department's request, NLCHI completed a preliminary evaluation of the provincial health line that was introduced in September 2006 to provide residents with improved access to health services and help individuals determine whether they needed to visit a physician or emergency department.

Indicators	2008-2009 Accomplishments
Identified evaluation criteria for performance reporting (continued)	• The Inquiry into Adverse Events and the Commission of Inquiry into Hormone Receptor Testing: A performance monitoring database has been developed containing over 100 recommendations from these two inquiries. Each recommendation will have specific reporting criteria in which progress can be evaluated and reported. • Strategic Plan 2008-2011: In December 2008 a monitoring process was introduced in the Department of Health and Community Services for performance reporting relating to issues and goals.

Discussion of Results

Strengthening the foundation for a culture of safety and quality across the health and community services system is underway. This required leadership and investment at all levels. Identifying and integrating best practices into existing ways of operating required sound policies, effective change management strategies and openness to new ideas.

2008-2009 was a year in which major reviews were completed in key program areas and the recommendations were actively considered or were in the early implementation stage. A focus on quality and safety are of utmost importance in the change process and in the development of a more responsive system.

The *Commission of Inquiry on Hormone Receptor Testing Report* was released March 1, 2009 and recommended performance and reporting mechanisms be established by the department. The Newfoundland and Labrador Center for Health Information was funded to develop the Estrogen Receptor/ Progesterone Receptor (ER/PR) database. An investment of $2.3 million supported the:

- consolidation of clinical information systems within Eastern Health;
- a plan for consolidation of similar systems in other Health Authorities;
- a needs assessment for electronic document tracking systems for each health authority; and
- funding for five new data management professionals throughout the system.

The background work to introduce a Health Quality Council has been completed and it is hoped that 2009-2010 will see implementation of this new feature of the provincial health system. All of the above demonstrated the commitment to quality and safety in the health system and contributed to the strategic direction of improved accountability and stability within the available resources.

Objective 2009-2010

By March 31, 2010 the Department of Health and Community Services will have commenced implementation on initiatives to demonstrate commitment to quality and safety in the health system.

Measure

Implementation commenced.

2009-2010 Indictors

- Strengthened performance monitoring and reporting in relation to inquiry recommendations and processes within the department
- Improved data management and analysis of comparative health indicators
- Implemented selected quality and safety initiatives
- Implemented Health Quality Council

Future Directions and Challenges

Sustainability Of A Publicly Funded Health System

The Department of Health and Community Services is responsible for a substantial portion of the provincial budget (2.341 billion). It is critical that these funds be spent wisely. Investments made now in infrastructure and information technology will have an impact on spending in the next decade. A number of factors pose challenges to spending. Our vast geography coupled with a rapidly aging population necessitates changes to the distribution and organization of health providers. Advances in medical technology, health and clinical information, the escalating cost of pharmaceuticals (particularly the individualized biologics), and the growing impact of steady increases in chronic conditions test the ability to balance cost and needs of today with the ability to fund services into the future. Investments in 2008-2009 enhanced the health workforce and will carry into 2009-2010. The department looks forward to continued success in recruitment and retention of health care professionals and the opportunities that will accompany continued health human work force planning.

Health System Re-Design

The health and community services system continues to have a focus on acute care that belies the identified population health trends of the current day. It is well recognized that improvements in health status start with early identification, prevention and an emphasis on health promotion. These changes occur over long periods of time and require consistent monitoring to determine the impact of initiatives such as primary health care, prevention and health promotion on different generations and cohorts within the population.

Government is in the process of creating a new department called Child, Youth and Family Services. Strengthening the focus to ensure that children, youth and families have access to supports and services, will help them thrive and prosper. Investments will also be made in human resources to enhance the provision of supports and services. The Department of Health and Community Services looks forward to facilitating a smooth transition of programs and services in 2009-2010.

There is also an increasing need to address the factors that contribute to disparity in positive health outcomes for some and not others. This requires change in public policy. Also essential to this are individuals taking steps to lead healthier lives and make more informed decisions about their own health and the services that can be provided within available resources. In 2009-2010, Phase 2 priority areas of the Provincial Wellness Plan will provide new opportunities for Newfoundlanders and Labradorians to live healthier lifestyles and achieve optimal health and well being.

Future Directions and Challenges

Public Confidence in the Health System

Many patient satisfaction surveys indicate a high rate of satisfaction with health services and there are treatment success stories. In the interest of improving health services and the systems used to provide services, government engaged The Task Force on Adverse Health Events, and the Commission of Inquiry on Hormone Receptor Testing. The recommendations from both, provide the foundation for an improved health care information system that include hormone receptor testing and improved data management and reporting. Accreditation for laboratories and diagnostic imaging, enhanced laboratory equipment and human resource planning will also provide new opportunities in 2009-2010.

Similar adverse health events occur in other provinces and countries, however, such leadership has a cost. The impact of these events in a media/communications savvy world have an impact on confidence in the system. Tensions between the personal privacy of health information and public disclosure are expected to increase. Leadership is challenged to proactively address such difficult issues through internal and external communications and retain public confidence in a complex and dynamic environment.

The Department of Health and Community Services looks forward to the implementation of the Provincial Health Quality Council in 2009-2010 as a further means of improving quality and safety in the health system.

Department of Health & Community Services
Statement of Expenditure and Related Revenue for the year ending 31 March 2009

Expenditure and revenue figures in this table are based on public information provided in the Report on the Program Expenditures and Revenues of the Consolidated Revenue Fund for Fiscal Year ended 31 March 2009.

		Estimates	
	Actual ($)	**Amended ($)**	**Original ($)**
Minister's Office (1.1.01)	***444,373***	***508,368***	***469,600***
General Administration (1.2.01 to 1.2.08)			
Total gross	23,879,408	29,733,517	26,426,700
Less revenue - Federal	14,777	1,115,900	1,115,900
Less revenue - Provincial	465,192	495,000	495,000
Total net	***23,399,439***	***28,122,617***	***24,815,800***
Memorial University Faculty of Medicine (2.1.01)	***34,054,486***	***34,610,300***	***34,018,700***
Drug Subsidization (2.2.01)	***123,133,498***	***148,291,900***	***150,750,300***
Medical Care Plan (2.3.01 to 2.3.02)			
Total gross	327,087,167	329,793,200	328,793,100
Less revenue - Federal	416,172	492,700	492,700
Less revenue - Provincial	2,689,063	2,131,700	2,131,700
Total net	***323,981,932***	***327,168,800***	***326,168,700***
Regional Health Authorities & Related Services (3.1.01 to 3.1.02)			
Total gross	1,705,654,559	1,729,888,315	1,667,090,500
Less revenue - Federal	5,911,191	11,339,200	11,339,200
Less revenue - Provincial	19,606,103	18,826,000	18,826,000
Total net	***1,680,137,265***	***1,699,723,115***	***1,636,925,300***
Health Care Facilities & Equipment Capital Furnishings and Equipment (3.2.01)	53,621,000	53,625,000	53,625,000
Less revenue - federal	509,000	0	0
Total net	**53,112,000**	**53,625,000**	**53,625,000**
Health Care Facilities (3.2.02)	48,187,533	79,870,800	79,870,800
Total Health Care Facilities & Equipment	***101,299,533***	***133,495,800***	***133,495,800***
Total Department			
Total gross	2,316,062,024	2,406,321,400	2,341,044,700
Less revenue - federal	6,851,140	12,947,800	12,947,800
Less revenue - provincial	22,760,358	21,452,700	21,452,700
Total net	***2,286,450,526***	***2,371,920,900***	***2,306,644,200***

Appendix A: Entities Reporting to the Minister

Under the *Transparency and Accountability Act*, the following government entities are provided with the Strategic Directions of the department and also prepare plans and annual reports in keeping with their categorization under that *Act:*

1. Eastern Regional Health Authority
2. Central Regional Health Authority
3. Western Regional Health Authority
4. Labrador - Grenfell Regional Health Authority
5. Newfoundland & Labrador Centre for Health Information
6. Child Youth and Family Services Minister's Advisory Committee*
7. Medical Consultants' Committee
8. Mental Health Care and Treatment Review Board
9. Nurse Practitioner Consultative and Appeals Committee**
10. Public Health Laboratory

*This committee will report to the Minister of the new Department of Child, Youth and Family Services in future.

** 2008-2009 is the last year this committee will report to the Department of Health and Community Services. Further reporting will be through the Association of Registered Nurses of Newfoundland and Labrador as per *The Registered Nurses Act 2008.*

Appendix B: Mandate

Mandate

The Department of Health and Community Services is mandated under the *Executive Council Act* (*Regulation 82/03),* such that the powers, duties and functions of the Minister include supervision, control and direction of all matters relating to

- the preservation and promotion of health;
- the prevention and control of disease;
- the administration of hospitals, long term care facilities and personal care facilities;
- the control, possession, handling, keeping and sale of food and drugs;
- contracts, payments and remunerations for medical, dental, pharmaceutical, scientific, technical or other health and community services;
- public health and the enforcement of public health standards;
- the administration of a plan authorized by the Lieutenant-Governor in Council for the assistance of students in a professional or technical field connected with health and community services;
- services to children, youth and families; adoption of children;
- child care services;
- in co-operation with the Minster of Justice, the administration of laws relating to the commission of offences by young persons;
- programs and residential facilities for persons who are neglected, dependant, abused, persons with disabilities and persons who are being treated for addictions; and
- the administration of the *Acts* set out in the Schedule and of all orders and regulations passed or made under those *Acts*, including those powers, functions or duties necessary or desirable for carrying out the purpose of those *Acts*

which are not, or in so far as they are not, the responsibility of another minister, agency or body, corporation, board, organization or person.

Additional information related to the Department of Health and Community Services Strategic Plan ca be found at http://www.health.gov.nl.ca/health/plans/plan2008-11.pdf

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